

Please type a plus sign inside this box --> **+**

| | | | |
|---|--|-------------------------------|--------------------|
| TRANSMITTAL FORM | | Application Number | 09/029,042 |
| | | Filing Date | 5/15/98 |
| | | First Named Inventor | KIM |
| | | Group Art Unit | 1646 |
| | | Examiner Name | FITZGERALD |
| | | Attorney Docket Number | 003364.P001 |
| TOTAL NUMBER OF PAGES IN THIS SUBMISSION | | | |

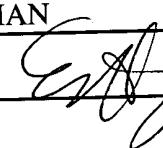
(To be used for all correspondence after initial filing)

JUL 19 1999
PTENT & TRADEMARK OFFICE
U.S. DEPARTMENT OF COMMERCE
JC32

ENCLOSURES (check all that apply)

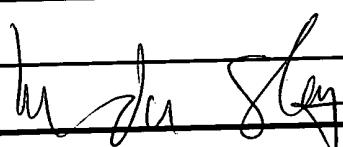
| | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | After Allowance Communication Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawings | Appeal Communication to Board of Appeals & Interferences |
| <input checked="" type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) & Accompanying Petition | Proprietary Information |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition Checklist & Accompanying Petition | Status Letter |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Non-English Specification |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Response To NOTICE TO COMPLY WITH REQUIREMENTS FOR PATENT APPLICATIONS CONTAINING NUCLEOTIDE SEQUENCE AND/OR AMINO ACID SEQUENCE DISCLOSURES |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Small Entity Request | <input checked="" type="checkbox"/> Copy of NOTICE TO COMPLY WITH REQUIREMENTS FOR PATENT APPLICATIONS CONTAINING NUCLEOTIDE SEQUENCE AND/OR AMINO ACID SEQUENCE DISCLOSURES |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 Declaration and Power of Attorney | <input type="checkbox"/> Request for Refund | <input checked="" type="checkbox"/> Sequence listing |
| Remarks | | |
| <input checked="" type="checkbox"/> Diskette | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------------------------|---|
| Firm or Individual Name | BLAKELY SOKOLOFF TAYLOR & ZAFMAN ERIC S. HYMAN |
| Signature |  |
| Date | July 15, 1999 |

CERTIFICATE OF MAILING

| | | |
|--|--|---------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: | | JULY 15, 1999 |
|--|--|---------------|

| | | |
|------------------------------|---|------|
| Typed or Printed Name | LYNDA SHAPIRO | |
| Signature |  | Date |
| | July 15, 1999 | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Note: Effective October 1, 1997

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

\$.00

JUL 19

| Complete If Known | |
|----------------------|---------------|
| Application Number | 09/029,042 |
| Filing Date | 5/15/98 |
| First Named Inventor | Kim |
| Group Art Unit | 1646 |
| Examiner Name | D. Fitzgerald |
| Attorney Docket No. | 003364.P001 |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees & credit any overpayments to:

| | |
|---|----------------------------------|
| Acct # | 02-2666 |
| Acct Name | Blakely Sokoloff Taylor & Zafman |
| <input checked="" type="checkbox"/> Charge any add'l fee required under 37 CFR 1.16 & 1.17 <input type="checkbox"/> Charge issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance | |

2. Payment Enclosed:
 Check Money Order Other

Fee Calculation**1. Filing Fee**

| Large Entity Code | Fee (\$) | Small Entity Code | Fee (\$) | Fee Description | Fee Paid |
|---------------------|----------|-------------------|----------|------------------------|----------|
| 101 | 760 | 201 | 380 | Utility filing fee | .00 |
| 106 | 310 | 206 | 155 | Design filing fee | |
| 107 | 480 | 207 | 240 | Plant filing fee | |
| 108 | 760 | 208 | 380 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |
| Subtotal (1) | | (\$.00) | | | |

2. Claims

| Total Claims | * | Extra | Fee from Below | Fee Paid |
|--------------------------------------|----|-------|----------------------------|----------|
| <input type="checkbox"/> | 20 | - | <input type="checkbox"/> X | |
| <input type="checkbox"/> Ind. Claims | 3 | - | <input type="checkbox"/> X | |
| Multiple Dependent Claims | | | | |

| Large Entity Code | Fee (\$) | Small Entity Code | Fee (\$) | Fee Description |
|---------------------|----------|-------------------|----------|---|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 78 | 202 | 39 | Independent claims in excess of 3 |
| 104 | 260 | 204 | 130 | Multiple dependent claim |
| 109 | 78 | 209 | 39 | Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | Reissue claims in excess of 20 & over original patent |
| Subtotal (2) | | (\$.00) | | |

3 Additional Fees

| Code | Fee (\$) | Code | Fee (\$) | Fee Description | Fee Paid |
|------|----------|------|----------|--|----------|
| 105 | 130 | 205 | 65 | Surcharge-late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge-late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2520 | 147 | 2520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within 1st month | |
| 116 | 380 | 216 | 190 | Extension for reply within 2nd month | |
| 117 | 870 | 217 | 435 | Extension for reply within 3rd month | |
| 118 | 1360 | 218 | 680 | Extension for reply within 4th month | |
| 128 | 1850 | 228 | 925 | Extension for reply within 5th month | |
| 119 | 300 | 219 | 150 | Notice of Appeal | |
| 120 | 300 | 220 | 150 | Filing a brief in support of appeal | |
| 121 | 260 | 221 | 130 | Request for oral hearing | |
| 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to Revive-unavoidable | |
| 141 | 1210 | 241 | 605 | Petition to Revive-unintentional | |
| 142 | 1210 | 242 | 605 | Utility issue fee (or reissue) | |
| 143 | 430 | 243 | 215 | Design issue fee | |
| 144 | 580 | 244 | 290 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of IDS | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property | |
| 146 | 760 | 246 | 380 | Filing a submission after final rejection | |
| 149 | 760 | 249 | 380 | For each add'l invention to be examined | |

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

Subtotal (3)

\$

COMPLETE (if applicable)

| | | | |
|--------------|--------------------------|-------------|----------------------|
| SUBMITTED BY | COMPLETE (if applicable) | | |
| Name | ERIC S. HYMAN, ESQ. | Reg. Number | 30,139 |
| Signature | <i>[Signature]</i> | Date | 7/13/98 |
| | | | Deposit Acct User ID |

*Highest number of claims previously paid for if an amendment is being transmitted.
 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.